## OFFICE OF CIVILIAN RADIOACTIVE WASTE MANAGEMENT SEPARATION CHECKOUT I. Departing or Transferring Individual's Name: Organization: Termination Date:

II.					
Departing or Transferring Individual:					
Do you create records to be submitted to the RPC? (If YES, submit to RPC before leaving, if possible.)		☐ Yes	□ No		
Have all long-term and LSN-relevant records been submitted to the RPC?		☐ Yes	☐ No		
Do you have any records in process?		☐ Yes	☐ No		
Will anyone be taking over your records responsibility?		☐ Yes	☐ No		
If Yes, who?		_			
Have you categorized all your e-mails?		☐ Yes	☐ No		
Are you leaving any short-term records or documents on litigation holds in your office area?		☐ Yes	□ No		
Who is the designated Records Coordinator f	or your organization?				
Physical transfer of custody to Records Coordinator?		☐ Yes	☐ No	☐ N/A, nothing to transfer	
If YES, Records Coordinator's initials and date of transfer:					
Departing Individual's Name:	Signature:		Date:		
III.		'			
Responsible Manager or Designee:					
Printed name					
I have performed an exit interview with or potentially LSN-relevant documents I				e status of all records	
Responsible Manager or Designee signature		Date of exit interview			
I have performed a walk-through of the departing or transferring employee's work area including review of electronic files, to ensure that all records and litigation-relevant documentary materials have been properly submitted, categorized, or transferred to another's custody, as applicable.					
Responsible Manager or Designee signature		Date of walk	ate of walk-through		
IV.					
Responsible Manager:					
I certify that all completed and in-proces	and the second control of the second control	elevant do	ocuments	generated by	
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Departing or Transferring Person's name	ss records and all potentially LSN-re, if any, have been			<b>3</b>	
Departing or Transferring Person's name	, , , , , , , , , , , , , , , , , , , ,			<b>J</b>	